



Kandiyohi-Renville Quality Improvement Plan 2015-2019

A plan for improving health, well-being and quality of life in our community,

December 2014
Updated Aug 2016

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1. Purpose

The purpose of the Kandiyohi-Renville Quality Improvement Plan is to create, implement and sustain improvement initiatives within the Health Department. This Quality Improvement Plan will align with the Kandiyohi-Renville CHB Strategic Plan and the local assessment and planning process and is driven by the overarching Performance Management System. The mission and vision of the Kandiyohi-Renville CHB provides guidance for the design and implementation of the QI plan. The intent is to strive for excellence in the services that we provide by continually improving the level of performance of key processes and achievement of improved health outcomes for our community in a systematic manner, utilizing the input and strengths of staff, leadership and the community.

Our Mission: Kandiyohi-Renville Community Health Board leads efforts to promote a healthy and safe community, to prevent illness, disease and injury, and to protect and enhance the health of those who live, work, learn and play in our counties.

Our Vision: Our vision articulates the kind of organization we want to become over the next five years.

We aspire to excellence. We will have a culture of quality improvement, implementing innovative practices and evidence based programs. Evaluation will be ongoing, used for program improvement, and shared with community partners. We will strive to meet the national public health standards and measures and achieve accreditation.

We build bridges. We will be connected with our community and work to sustain strong partnerships. We strive to integrate more public health programs. We tell our story. We will have open communication with the public, the media, decision makers and community partners to create an awareness of the value and role of public health.

We have sustainable and adequate funding. We will implement strategies to develop and maintain sustainable funding to support core public health services and address local needs. We will have engaged and knowledgeable county leadership who support a strong public health infrastructure.

We have a top-notch workforce. Our staff will be focused, engaged and enthusiastic. Our workforce will have the depth of expertise and leadership needed to meet current and future public health challenges.

We utilize technology to move us forward. We will use technology and data to plan for and support core public health functions and performance management priorities.

- Develop a strong customer focus
- Continually improve all processes
- Involve employees
- Mobilize both data and team knowledge to improve decision making

2. Overview: Agencies and current culture of quality

Kandiyohi and Renville Counties are neighboring counties who joined together as a Community Health Board in January of 2013. Before that time the individual counties had differing experiences and processes regarding QI. It was decided that Performance Management and QI would be a priority for the new CHB. The counties were able to participate in a regional QI collaborative that has provided guidance and support on our QI journey, and led to the drafting of this document.

3. Organization structure: Roles and Responsibilities

Kandiyohi-Renville Community Health Board

Provide broad oversight of Performance Management and QI efforts of the agencies
Set policies to facilitate implementation of this plan and activities included therein.

Kandiyohi-Renville Community Health Board Advisory Committee

Will provide support to the Performance Management and QI efforts of the agencies,
Provide consultation and feedback to the staff and councils regarding QI efforts,
Inform the Community Health Board about QI and making recommendations on policy change.

Kandiyohi-Renville KaRe to Achieve

- Support the efforts of the Performance Management System and staff by implementing QI activities and contributing to the development and implementation of agency level QI and Performance Management activities
- Assure meeting time is available for the quality councils;
- Provide resources as available for implementation of the QI Projects.
- Plan and participate in QI training activities
- Become skilled in implementation of QI tools
- Provide feedback and evaluation of QI training and activities
- Assure that QI efforts are maintained for the joint Community Health Board
- Development and evaluation of an annual KaRe to Achieve Plan,
- Prepare to meet the PHAB standards relative to QI,

- Develop and evaluate QI activities for the joint Community Health Board.
- Select joint Kandiyohi-Renville QI projects based on outcomes from Performance Management monitoring of objectives.
- Develop and implement a training plan to meet the QI needs of staff.
- Communicate the results of QI activities back to staff, the Governing Board, the CHS Advisory Committee and to the public.

Individual County (Kandiyohi and Renville) QI Coordinators and Projects

- Each county will have a local coordinator
- The county QI coordinators will oversee local county QI projects
- The coordinator will conduct QI project meetings and assure that agendas and minutes are recorded.
- KaRe to Achieve members may serve as facilitators or mentors for staff involved in QI projects at the individual county level.
- Results of county projects will be shared at the KaRe to achieve meetings.

Public Health Staff

- Responsible for working with their county QI coordinators to identify areas in need of improvement.
- Participate in QI improvement projects in conjunction with the QI coordinators.
- Report their QI training needs to supervisors or QI coordinators and participate in relevant QI training.
- Understand how program QI activities are relevant to their work and how their work can affect performance measures.
- Participate in customer surveys both as internal customers and to survey external customers.
- Incorporate QI concepts into their daily work.
- Participate in QI training on a scheduled and as needed basis. Updates on QI activities will be a standing agenda item at least quarterly at staff meetings.

4. KaRe to Achieve Membership and Rotation

- Membership in KaRe to Achieve is made up of representatives from both Kandiyohi and Renville counties.
- Membership includes: the administrators and supervisors and QI coordinators and other key identified staff from each agency to create a QI culture founded in both experience and diversification.
- Ad hoc members may be added as necessary.

- Co-chairs will be assigned. There will be one from each county. The co-chairs will organize the agenda, appoint a minute taker and disseminate appropriate documents for scheduled meetings. Minutes and agendas will be maintained.
- Monthly meetings will be held; meeting locations will alternate between counties. Additional meetings may be scheduled as needed. The co-chairs of KaRe to Achieve will report yearly to the CHB Advisory Committee.
- Budget: QI will be considered and included when developing program and agency budgets

5. QI Staff Training

- The KaRe to Achieve will determine a yearly education plan for themselves and for staff, utilizing available web resources and QI experts at the MDH or other agencies with QI expertise. Time at staff meetings will be utilized as training opportunities.
- Relevant training may be done on a “just in time” basis.
- QI training will be included for all new staff. This training will include: concept of quality improvement, the KaRe to Achieve, its roles and process, the QI Plan and its relationship to Performance Management. This will be reflected in the orientation checklist for new staff and in employee job descriptions as appropriate.
- New members of the Kandiyohi-Renville Community Health Board and the Kandiyohi Renville Community Health Board Advisory Committee will receive information on the QI policies and activities as a part of their new board member orientation.
- All training that is planned and provided will be documented on a training log

6. Selection and Prioritization of Quality Improvement Projects.

Project selection will be based on improvement processes, or performance measures identified within the programs. The projects will align with the agency strategic plan and performance management system.

Any staff person or group may recommend projects or topics for QI to either the county QI coordinators or the KaRe to Achieve.

- Projects submitted to the KaRe to Achieve should be relevant to the joint projects of the Kandiyohi-Renville CHB, as opposed to being county specific.
- Proposed projects must be relevant to current programs, core functions or the six areas of public health responsibility.
- QI projects may also be submitted to the KaRe to Achieve or county coordinators for technical assistance. Projects may use many QI methodologies, focus groups, surveys and more.

Project proposals will be approved by local coordinators or KaRe to Achieve if they cover both agencies. Project forms are included in Attachment D. Updated QI Project Work Plan should be submitted to KaRe to Achieve for interim and final reporting.

7. QI Plan Goals: See Attachment B

8. Communication Plan

Methods used to assure that regular and consistent messages occur regarding QI efforts will include:

- Project progress reports reviewed at the KaRe to Achieve meetings at least quarterly.
- Current project updates will be reported at least quarterly to the Public Health staff.
- Annually the Kandiyohi Renville Community Health Board Advisory Committee and the Community Health Board will be informed of QI projects and results over the past year
- A shared drive will be created with a link so staff have access to view the plan online. Staff will be encouraged to review and provide comments on the document.
- QI projects successes will be communicated through storyboards, meetings and trainings, or via the media.

9. Performance Monitoring and Reporting

- The KaRe to Achieve will review the QI plan annually to ensure that it is current and that it meets the needs of the agency. Gaps identified in performance will inform the annual plan review and update. A revised plan based upon evaluation of the previous year's work will be developed-and ready to implement by January 1.
- Annually QI performance results will be reported to the Advisory Committee and the Kandiyohi-Renville Community Health Board with: an account of progress towards targets and goals for program outcomes and health indicators, the accomplishments of QI projects and initiatives, fiscal accountability, and the success of communication and recognition activities.
- The QI Plan is a living document and may be revised or adapted at any time throughout the year based upon need or new information or requirements.

10. Glossary: Attachment A

11. 2015 QI Plan: Attachment B

12. 2016 QI Plan: Attachment C

13. QI Project Forms/Tools: Attachment D

Attachment A: Glossary

Accreditation: Accreditation for public health departments is defined as:

- The development and acceptance of a set of national public health department accreditation standards;
- The development and acceptance of a standardized process to measure health department performance against those standards;
- The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
- The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition.

Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA. May 2011

Advisory Board: Advisory boards of health report to a health officer and city, county, or township commissioners or trustees (the title varies). Advisory boards make recommendations and offer guidance on programs, policies, and budgets for public health operations. These recommendations are acted upon by those having the legal authority to govern. Public Health Accreditation Board and National Association of Local Boards of Health. Governance Engagement in National Voluntary Public Health Accreditation. May 2010

Assessment:

1. Collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve public health.
2. One of the three core functions of public health, involving the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on community health status, health needs, community assets and/or other public health issues. The process of regularly and systematically collecting, assembling, analyzing, and making available information on the health needs of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.

Assessment in Action: Improving Community Health Assessment Practice, Clegg and Associates, 2003); Institute of Medicine. The Future of Public Health. Washington, DC: National Academy Press, 1988); Novick LF, Mays GP. Public Health Administration: Principles for Population-Based Management. Gaithersburg, MD: Aspen Publishers; 2001

Best Practices: Best practices are the best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires, the evidence about what works for a particular situation and the resources available. Organizations often also use the term promising practices which may be defined as clinical or administrative practices for which there is considerable practice-based evidence or expert consensus which indicates promise in improving outcomes, but for which are not yet proven by strong scientific evidence. National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf

Collaboration: Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards. Collaboration: What Makes It Work, Amherst G. Wilder Foundation, 1998

Communication: Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior. www.merriam-webster.com

Community Health Assessment: Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009.

This definition of community health assessment also refers to a Tribal, state, or territorial community health assessment.

Community Health Improvement Plan: A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

www.cdc.gov/stltpublichealth/cha/plan

This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC

Community Partnerships: Community partnerships are a continuum of relationships between and among the LPHS and its constituents that foster the sharing of resources, responsibility, and accountability in community health improvement and undertaking advocacy for capacity development and the delivery of community health services and improving community health. Partnerships are formed to assure the comprehensive, broad- based improvement of health status in the community. www.cdc.gov/nphsp/documents/glossary.pdf

Core Public Health Competencies: Core public health competencies are a set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community (i.e., deliver the Essential Public Health Services). Council on Linkages between Academia and Public Health Practice. Core Competencies for Public Health Professionals [online]. 2010 [cited 2012 Nov 6].

http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Cultural and Linguistic Competence: Cultural and linguistic competence refers to a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. Department of Health and Human Services Office of Minority Health (US). National Standards for Culturally and Linguistically Appropriate Services in Health Care [online]. 2001 [cited 2012 Nov 6]. <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

Customer: A customer is the direct recipient of the product or service provided. Customers can be internal or external, and individuals or entities. Examples: another governmental agency, organizations applying for grants, agencies or businesses that are regulated or monitored by the government agency, perhaps other staff within the agency itself.

Customer/Client Satisfaction: Customer or client satisfaction is the degree of satisfaction provided by a person or group receiving a service, as defined by that person or group. www.businessdictionary.com

Data: Data are factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation. Information in numerical form that can be digitally transmitted or processed. www.merriam-webster.com

Database: A database is a usually large collection of data organized especially for rapid search and retrieval (as by a computer). www.merriam-webster.com

Goals: Goals are general statements expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits. Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.

Mission Statement: A mission statement is a written declaration of an organization's core purpose and focus that normally remains unchanged over time. Properly crafted mission statements (1) serve as filters to separate what is important from what is not, (2) clearly state which markets will be served and how, and (3) communicate a sense of intended direction to the entire organization. BusinessDirectory.Com. "Mission Statement" [online]. No date [cited 2012 Nov 8]. www.businessdictionary.com

Objectives: Objectives are targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives. Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.

Operations: Operations refers to the performance of a practical work or of something involving the practical application of principles or processes. www.merriam-webster.com

Performance Management System: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2)

identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011

Quality Improvement (QI): Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010

Smart Goals: SMART is a best practice framework for setting goals. The SMART acronym stands for **s**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime-bound.

Stakeholder: A stakeholder is a person, group or organization that has an interest or concern in the product or service provided, but does not necessarily use the product or service provided. A stakeholder can influence and/or be influenced by the product or service, and often they indirectly benefit from the product or service.

Strategic Plan: A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008








Training: Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to successfully perform their duties. Institute of Medicine. Who Will Keep the Public Healthy? National Academies Press. Washington, DC, 2003.

Values: Values describe how work is done and what beliefs are held in common as a basis for that work. They are fundamental principles that organizations stand for. Swayne,




Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008

Vision: Vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders (Bezold, C. On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies. Institute for Alternative Futures and the National Civic League. Alexandria, VA. 1995)

Attachment B: 2015 QI Plan Goals

 Green Goal completed	 Yellow Some progress/more work needed	 Red No progress/change needed	
 Goal 1. Establish a Quality Improvement plan based on organizational policies and direction.	 Goal 2. Implement Improvement Efforts	 Goal 3. Demonstrate staff participation in quality improvement methods and trainings	 Goal 4. There will be regular collection of customer input
Objective: Develop an annual agency QI Plan that supports staff knowledge of quality improvement and development of PDSA implementation also considering PHAB accreditation requirements	Objective: Based on the framework of the QI Plan implement PDSA as a QI strategy at Kandiyohi County Health and Human Services and Renville County Public Health.	Objective: Provide adequate training to all Kandiyohi County Health and Human Services and Renville County Public Health staff.	Objective: A process will be developed to collect customer satisfaction data.
Measure: Signed document by 12/31/2014	Measure: Achieve 100% compliance with development and completion of PDSA projects by 12/31/2015.	Measure: Train 100% of the staff on QI tools and QI processes as outlined in the QI plan by 12/31/2015	Measure: A process for measuring customer satisfaction will be in place by 12/31/2015.
Key Strategies: 1. Creation of the QI Plan by 1/1/2015 2. Acceptance of the Plan by KaRe to Achieve, the Agency Directors and the Community Health Board by 1/31/2015.	Key Strategies: 1. QI lead staff will participate in the KaRe to Achieve monthly meetings to support implementation and completion of QI activities and projects 2. QI lead will: <ul style="list-style-type: none"> • assure that an electronic database of QI project work is maintained for each agency on a shared drive so data is available to all. Data base to be established by 1/1/2015 • provide monthly monitoring updates to each agency management. • facilitate developing a plan to gather data, monitor and report to the councils. The councils will be responsible to see that changes are made based on the data that is collected. 	Key Strategies: 1. QI lead will create and maintain a training log of staff who have participated in QI training by 1/1/2015 2. At the completion of each training, staff participants will complete a pre and post quiz to measure learning as well as an evaluation of the effectiveness of the training. 3. QI lead will assure that all new staff receive QI training within 6 months of hire.	Key Strategies: 1. For 2 program areas each year surveys will be collected from customers. 2. Results of the surveys will be monitored and evaluated by the KaRe to Achieve quarterly. 3. Issues identified through the surveys will be evaluated for future QI studies.
Responsible Person/Team: Chery Johnson	Responsible Person/Team: Lead QI staff Kandiyohi County: Donna Jorgenson, Renville County: Mary Kay Sinner and Kandiyohi and Renville councils	Responsible Person/Team: Chery Johnson	Responsible Person/Team: Chery Johnson
Outcome: QI Plan was completed and approved in December 2015. The completed plan was submitted to MDH for review in March 2015.	Outcome: 1. Monthly QI meeting were held and QI updates were reported to the KaRe to Achieve committee. 2. Continuing to work on. Shared drive is still being explored but goal was not reached this year 3. Completed - Agency management either already participate in the KaRe QI or were updated at the KaRe to Achieve meeting each month. 4. Incomplete – This was changed as we changed how the QI councils worked. The QI councils did collect data as they worked on their project.	Outcome: 1. QI 101 training was held on 10/29/2015 for all staff. One session was held in Olivia and one in Willmar. 2. 91% of the staff attended the training. Staff completed a client satisfaction survey by MDH. Feedback was that staff were generally satisfied by the training. They also felt they would have liked more examples and more time to practice. 3. QI orientation will be accomplished by reviewing our current plan with new staff and asking them to take the online training listed on the MDH QI tool kit. Public Health Foundation Quality Improvement webinar training modules. This training will be included in their new employee training.	Outcome: It has been decided to monitor customer satisfaction surveys in 2016. These results will be incorporated into Performance management and will be followed and reported as Performance Management

Attachment C: 2016 QI Plan Goals

 Green Goal completed	 Yellow Some progress/more work needed	 Red No progress/change needed	
Goal 1. Maintain a Quality Improvement plan based on organizational policies and direction.	Goal 2. Implement Improvement Efforts	Goal 3. Demonstrate ongoing staff participation in quality improvement methods and trainings	Goal 4. There will be regular collection of customer input
Objective: Assure that Kandiyohi-Renville CHB has an agency QI Plan that supports a culture of QI with integration of QI into all agency programs and activities.	Objective: Based on the QI Plan implement Agency QI Coordinators as facilitators for local QI activities.	Objective: Provide annual QI training to Kandiyohi County Health and Human Services and Renville County Public Health staff.	Objective: A process will be developed to collect customer satisfaction data.
Measure: Updated plan will be approved by KaRe to Achieve by 5/2016	Measure: QI Coordinators will be in place by 4/30/2016.	Measure: Train new and existing staff in QI tools and QI processes as outlined in the QI plan by 12/31/2016	Measure: A systematic process for measuring customer satisfaction will be in place by 12/31/2016.
Key Strategies: 1. Update the QI Plan by May 2016 2. Acceptance of the Plan by KaRe to Achieve, the Agency Directors and the Community Health Board by 5/30/2016	Key Strategies: <ul style="list-style-type: none"> • QI Coordinators will oversee local county QI projects • QI Coordinators will conduct project meetings and assure that agendas and minutes are recorded. • QI Coordinators will work with staff to implement at least 1 QI project by Dec 31 2016 • QI Coordinators are responsible for regular progress reports to KaRe to Achieve 	Key Strategies: 1. Staff training rosters will be maintained by each agency. 2. Evaluation will be completed on each training.	Key Strategies: 1. For 2 program areas each year surveys will be collected from customers. 2. Results of the surveys will be monitored and evaluated by the KaRe to Achieve quarterly. 3. Issues identified through the surveys will be evaluated for future QI studies.
Responsible Person/Team: Chery Johnson	Responsible Person/Team: Agency Supervisors	Responsible Person/Team: Chery Johnson	Responsible Person/Team: Chery Johnson and Jill Bruns
Outcome: Aupdated plan approved by KaRe to Achieve on 8-3 2016 and the CHB on 8-16-2016	Outcome: QI Coordinators appointed and approved with QI plan on 8-3-2016	Outcome:	Outcome:



Kandiyohi – Renville QI Project Work Plan 8-8-2016

◆ Diamond indicated items are required for Accreditation Documentation

Program Area

◆ Date _____

◆ Approved by _____ local coordinators or _____ KaRe to Achieve

◆ Problem/Opportunity Statement/How identified:

◆ Current process: (work flow chart)

◆ Team leader

◆ Team Members

◆ Aim Statement: *What do you want to accomplish? By When? Who is your target population? % change you expect to see*

Revisions to Aim Statement:

Scope (Boundaries)/Team Authority:

Customers (Internal and External):

Customer Needs Addressed:

Success Measures (What does success look like?):

Considérations (Assumptions / Constraints / Obstacles):

Kandiyohi-Renville QI Project Workplan: Continued

PDSA Timeline:		◆ Date:
◆ Plan (gather data, identify ◆ root cause, analyze information, brainstorm solutions, develop plan)		
◆ Do (implement a test while collecting data)		
◆ Study (evaluate the results, refine improvements)		
◆ Act (fully implement successful solution or start over to find a better solution. Develop a way to monitor ongoing)		
◆ Meeting/Progress Notes/ ◆ Tools used: ___ fishbone ___ flow chart ___ check sheet ___ Pareto Chart ___ Other		
Communication Plan (Who needs to know this and when do they need to know?):		
Stakeholders (Internal and External):		
20. Improvement Theories (If...Then):		
If	Then	
If	Then	
◆ Success/Results and Recommended Changes (Action plan/Storyboard)		
Other Comments and Notes		

Problem Solving Steps		Tools/Techniques
PLAN		
Step 1	Identify and select a problem <ul style="list-style-type: none"> Review the background information Gather data if necessary Develop an "as is" statement Develop a "desired state" statement 	Flow chart Check Sheet Pareto Chart Brainstorming Nominal Groups Technique Affinity Diagram
Step 2	Analyze the Problem <ul style="list-style-type: none"> Understand the process Talk to customers/Benchmark Identify potential causes Gather data to identify cause Analyze data Analyze cases to discover root cause <ul style="list-style-type: none"> Identify the causes of the cause Identify the root cause 	Flow Chart Fishbone Diagram Check Sheet Run Chart Histogram Pareto Chart Scatter Diagram Brainstorming Control Chart Five Whys
Step 3	Identify and evaluate possible solutions <ul style="list-style-type: none"> Review information Ensure understanding of causes Brainstorm potential solutions 	Brainstorming Force Field Analysis Run Chart Control Chart Criteria Rating Grid Weighted Voting
Step 4	Select and plan test solutions <ul style="list-style-type: none"> Evaluate solutions Develop an improvement theory Develop implementation plan and measures to evaluate effectiveness 	New Flowchart Run Chart Control Chart Gantt Chart and Tree Diagram Tree Chart
DO		
Step 5	Implement Test Collect data using key measures	
STUDY		
Step 6	Study the results <ul style="list-style-type: none"> Evaluate your test Ask those affected how the change is working Refine your improvement 	Pareto Chart Histogram Run Chart/Control Chart
ACT		
Step 7	Fully implement successful solution and standardization <ul style="list-style-type: none"> If the change is not working well, start the cycle over, refine the problem, test another solution Develop a monitoring system Celebrate! 	New Flow Chart Control Chart Histogram Ganett Chart Tree Diagram
Repeat cycle for continuous improvement		